PERMITTEE NAME/ADDRESS:

(20 DEG, C)

00310 G 0 0

00400 G 0 0

NATIONAL POLITIANT DISCHARGE FUMINATION SYSTEM (NPOES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD. **ANCHORAGE**

AK 99503-3898

55116

RIE/0144

AK0022551 PERMIT NUMBER

001 A DISCHARGE NUMBER

06 | 09 | 30

MAJOR (SUBR 02) F - FINAL

FACILITY:

ADDRESS:

NAME:

JOHN M. ASPLUND WWTF--301 (H)

MEASUREMENT

PERMIT

MEASUREMENT

PERMIT

REQUIREMENT

LOCATION: ANCHORAGE, AK 99502

MONITORING PERIOD 06 | 09 | 01 TO FROM

*** NO DISCHARGE

(19)

N/A

WEEK

COMP

ATTN: MARK PREMO P.E. GEN MGR. AWWU NOTE: Read instructions before completing this form. ERECHENCY QUANTITY OR LOADING QUANTITY OR CONCENTRATION PARAMETER SAMPLE NO. FΧ TYPE ANALYSIS AVERAGE UNITS **AVERAGE** MAXIMUM UNIT MAXIMUM MINIMUM TEMPERATURE. WATER SAMPLE FOUR/ ***** -المائد الماد ***** N/A GRAB 15.0 (04)MEASUREMENT WEEK DEG. CENTIGRADE 00010 G 0 0 PERMIT REPORT FOUR/ GRAB ****** REQUIREMENT MAXIMLIM DEG C **RAW SEW/INFLUENT** WEEK TEMPERATURE, WATER SAMPLE. FOUR/ 15.9 (04)N/A **GRAB** MEASUREMENT DEG. CENTIGRADE WEEK 00010 1 0 0 PERMIT REPORT FOUR/ ***** ***** **GRAB** REQUIREMENT **EFFLUENT GROSS VALUE** DEG.C WEEK MAXIMUM OXYGEN. DISSOLVED SAMPLE FOUR/ ***** ***** 0.7 N/A GRAB (19)MEASUREMENT WFFK (DO) US ER: OF GROOT OFFICE OF COMPLIANCE AND ENFORCEMEN 00300 1 0 0 KIESORII PERMIT FOUR/ ***** **GRAB** REQUIREMENT *** **EFFLUENT GROSS VALUE** MO MIN MG/L WEEK SAMPLE FOUR/ BOD. 5-DAY

FOUR/ REQUIREMENT ***** ***** MO AVG LBS/DY MG/L **RAW SEW/INFLUENT** WEEK MO AVG 24 BOD, 5-DAY SAMPLE FOUR/ ***** ***** ***** 38515 159 COMP24 (26)(19)MEASUREMENT WEEK (20 DEG, C) STORIGION 00310 W 0 0 RERMIT ลกก FOUR/ COMP REQUIREMENT DAILY MX **EFFLUENT GROSS VALUE** LBS/DY DAILY MX MG/L WEEK 24 BOD. 5-DAY SAMPLE FOUR/ 34208 35915 -138 COMP24 154 (26)(19)MEASUREMENT (20 DEG. C) WEFK 00310 1 0 0 7/2/1/010 7/5/4 (010) PERMIT 240 250 FOUR/ COMP REQUIREMENT **** MO AVG WKLY AVG **EFFLUENT GROSS VALUE** LBS/DY MO AVG WKLY AVG MG/L WEEK 94 SAMPLE FOUR/ PH *** ***** **** 7.3 6.7 **GRAB** (12)N/A

N=201%

MINIMUM

(26)

RAW SEW/INFLUENT

TYPED OR PRINTED

Craig Woolard, P.E., Ph.D. **Director, Treatment Division**

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE NFORMATIONSUBMITTEDHEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE. ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT, SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of hetween 6 months and 5 years.)

acting for SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

REPORT

MAXIMUM

222

REPORT

SU WEFK TELEPHONE DATE 06/10/06 (907)564-2799

WFFK

FOUR/

Forms by WindowChem/707)864-0845;p/n11090;v5.01;4/1/96, Rev. 1/05, Bt

AREA CODE NUMBER

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The final effluent autosampler is normally taken off line on Saturdays, Mondays, and Wednesdays for line cleaning for approximately 1.5 hours each time; the composite samples for BODs, TSS, etc. are therefore slightly less than a 24HC on these days.

YEAR MO DAY

GRAB

PERMITTEE NAME/ADDRESS:

ADDRESS:

ATTN.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

ANCHORAGE, MUNICIPALITY OF NAME:

3000 ARCTIC BLVD.

ANCHORAGE

AK 99503

AK0022551 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) F ~ FINAL

FACILITY: JOHN M. ASPLUND WWTF---301 (H)

LOCATION: ANCHORAGE, AK 99502 MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD 06 | 09 | 01 06 | 09 | 30 FROM TO

*** NO DISCHARGE

NOTE: Read instructions before completing this form.

QUANTITY OR LOADING QUANTITY OR CONCENTRATION FREQUENCY											
PARAMETER		QUANTITY OR LOADING			(NO.	FREQUENCY OF	SAMPLE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE
PH	SAMPLE MEASUREMENT	*****	*****	****	6.6	*****	7.3	(12)	0	FOUR/ WEEK	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		*****	***	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		FOUR/ WEEK	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	58733	****	(26)	*****	236	*****	(19)	N/A	FOUR/ WEEK	COMP24
00530 G 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	**************************************	LBS/DAY	**************************************	REPORT MO AVG	*****	MG/L		FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	17139	(26)	ie ie ie ie ie	*****	68	(19)	0	FOUR/ WEEK	COMP24
00530 W 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	57000 DAILY MX	LBS/DAY	*****	*****	190 DAILY MX	MG/L		FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	13476	14648	(26)	ske ske ske ske ske	54	58	(19)	0	FOUR/ WEEK	COMP24
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	51000 MO AVG	54000 WKLY AVG	LB\$/DAY	*****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/ WEEK	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	de de de de de	*****	***	****	17.0	*****	(19)	N/A	ONCE/ MONTH	COMP24
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	Jacob Marine	*****	***	*****	REPORT MO AVG		MG/L	N/A	ONCE/ MONTH	COMP24
FECAL COLIFORM, MPN, EC MED, 44.5C	SAMPLE MEASUREMENT	******	****	****	*****	19	*****	(30)	0	THREE/ WEEK 1)	GRAB
31615 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	****	EC[850 MO GEO	******	MPN/ 100ML		THREE/ WEEK	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	30.318	*****	GET I	3 2006	*****	****	****	N/A	CONTIN UOUS	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	MO AVG	*****	MGD _{=0.8}		*****	*****	****		CONTIN LIQUS	RCORDR
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSON AT THE STAND CHAPTER STAND FOR A CTT TO SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE DIDIVIDUALS INTERPOLATED TO A CTT TO SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE DIDIVIDUALS INTERPOLATED.							TELEPHONE		DATE		
Craig Woolard, P.E., Ph.D. INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY TO THE PROPERTY OF THOSE INDIVIDUALS IMMEDIATELY TO THE PROPERTY OF THOSE INFORMATION IS TRUE. ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING									 _		
Director, Treatment Division PALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of						(907)564-2799		06/10/06			
TYPED OR PRINTED between 6 months and 5 years.) OFFICER OR AUTHORIZED AGENT							RIZED AGENT	AREA CODE NUMBER YEAR MO		MO DAY	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Forms by WindowChem(707)864-0845;pin11090;v5.01;4i1/96. Rev. 1/05, Bit											

1) Lab error on 9/9/06 FC test resulted in invalid results; an extra sample was run the following week to compensate.

PAGE 2 OF 3

PERMITTEE NAME/ADDRESS:

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

NAME: ANCHORAGE, MUNICIPALITY OF

3000 ARCTIC BLVD. **ANCHORAGE**

AK 99503

DISCHARGE MONITORING REPORT (DMR) AK0022551 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR (SUBR 02) F - FINAL

FACILITY:

ATTN-

ADDRESS:

JOHN M. ASPLUND WWTF---301 (H)

LOCATION: ANCHORAGE, AK 99502

MARK PREMO PE GENINGR AMMIL

MONITORING PERIOD 06 | 09 | 01 FROM TO 06 | 09 | 30

*** NO DISCHARGE NOTE: Pead instructions before completing this form

ATTN: MARK PREMO P.E. GEN MGR. AWWU NOTE: Read instructions before completing this form.												
PARAMETER		QUANTITY OR LOADING			•	N	NO.	FREQUENCY OF				
,		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT	EX	ANALYSIS	TYPE	
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.7	(19)	0	EVERY 3 HRS ⁽⁾	GRAB	
50060 1 0 0 EFFLUENT GROSS VALUE BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	-1111	***	*****	*****	1.2 DAILY MX	MG/L		EVERY 4 HRS	GRAB	
	SAMPLE MEASUREMENT	*****	*****	****	38	*****	****	(23)	N/A	ONCE/ MONTH	CALCTE	
	PERMIT REQUIREMENT	******	****	****	REPORT MO AVG	*****	*****	PER- CENT	N/A	ONCE/ MONTH	GALCTE	
	SAMPLE MEASUREMENT	*****	*****	****	77	*****	*****	(23)	N/A	ONCE/ MONTH	CALCTD	
	PERMIT REQUIREMENT			****	REPORT MO AVG	******	***	PER- CENT	N/A	ONCE/ MONTH	CALCTD	
					:							
	January (1997)						Breez.					
							2 10 7 7 7					
		Particular in the second	ngtilfsreeing									
	2000B000B000B000B000B00					и U OCT	13 2006	IJ				
		p. 750, problem of				OFFICE OF ACTUAL	EPA REGION IO					
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE						#FLEPH	PHONE DATE		TE			
Craig Woolard, P.E., Director, Treatment Di	ACCU	RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTION FALSE INFORMATION, INCLUDING THE FOSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. \$1001				3			(0.07) 50.4.0700		06/10/06	
TYPED OR PRINTED		AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)				OFFICER OR AUTHORIZED AGENT			· · · · · · · · · · · · · · · · · · ·		MO DAY	
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)												

1) 9/21/2006 - permit requires a chlorine residual test every four hours; no test run between approximately 1800 hrs and 2400 hrs, a gap of 6 hours, due to operator error.

2) Third Quarter 2006 Whole Effluent Toxicity Test Report attached.